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disAbility Resource Center

October 29, 2008

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Public Service Commission
Docketing Department
101 Executive Center Drive
Columbia, South Carolina 29210

Re: Docket Number 2007-445-A

To Whom It May Concern:

The disAbility Resource Center (dRC) is a nonprofit organization, duly incorporated under the laws of South Carolina, that is cross-disability, non-residential, and consumer-driven – meaning that over 51% of the staff and Board of Directors are people with significant disabilities. DRC receives funding from the US Department of Education, Rehabilitative Services Administration. I have been executive director of dRC for the past 14 months. Previous to coming to here, I was director of public policy and advocacy for the National Council on Independent Living (NCIL) in Washington, D.C. Health care and transportation have always been major issues for people with disabilities. While I was with NCIL, I worked closely with the US Department of Transportation, as well as the US Department of Health and Human Services – particularly with the Center for Medicare/Medicaid Services. Secretary Michael O. Leavitt of DHHS appointed me as a voting member of the Medicaid Commission in July 2005 where I served for 18 months. I am very familiar with Medicaid law and regulations.

I have found that transportation is indeed a major issue here in South Carolina. The dRC has significant problems in working with individuals with disabilities in Charleston, Dorchester, Berkeley, Orangeburg, and Williamsburg Counties – especially in the rural areas – as a result of lack of transportation options. I must admit that an inordinate amount of my time this past year has been focused on general transportation issues. Therefore, when I learned about the proposed “stretcher van” regulations, I was concerned since it involves both health care and transportation. Specifically the quality of medical care individuals with significant disabilities receive in our area is a major priority. This is particularly true of Medicaid recipients whose choices are already limited.

The very definition of those individuals who would be transported in these stretcher vans – persons who cannot be transported in a taxi or wheelchair due to convalescence or being non-ambulatory – in itself means that these individuals are medically fragile or very much at risk. I cannot comprehend moving these individuals without some degree of medical monitoring and the ability to respond quickly and competently should an emergency develop. I once was director of a center for independent living in Virginia and that center provided Medicaid transportation; so I am familiar with that service. At one time that organization was a contractor with LogistiCare. This only magnifies my concerns.

In summary, our organization wants to go on record in opposition to the proposed change in regulations. I personally feel this would be taking undue and unnecessary risks for an already “high risk” population. Your current system seems adequate. If it isn't broken, why fix it?

Sincerely,

Gwen Gillenwater
Executive Director

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